

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

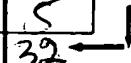
FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	7					
9	8					
10	8					
11	8					
12	8					
13	8					
14	8					
15	8					
16	8					
17	8					
18	8					
19	8					
20	8					
21	8					
22	1					
23	8					
24	8					
25	1					
26	8					
27	8					
28	8					
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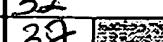
TOTAL IND.

5



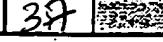
TOTAL DEP.

32



TOTAL CLAIMS

38



	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

